

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10635946  
APPLICANT(S)

FILED DATE 08-07-09

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11		/		/		/	61						
12		/		/		/	62						
13		/		/		/	63						
14		/		/		/	64						
15		/		/		/	65						
16		/		/		/	66						
17		/		/		/	67						
18		/		/		/	68						
19		/		/		/	69						
20		/		/		/	70						
21		/		/		/	71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		1		TOTAL IND.						
TOTAL DEP.	15		12		13		TOTAL DEP.						
TOTAL CLAIMS	16		13		14		TOTAL CLAIMS						